

Applicants: Philip O. Livingston and Friedhelm Helling
Serial No.: 08/475,784 Examiner: A. Holleran
Filed : June 7, 1995 Group Art Unit: 1642
For : GANGLIOSIDE-KLH CONJUGATE VACCINES WITH QS-21

COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22313-1450

October 18, 2004

S I R:

Transmitted herewith is an amendment to the above identified application.

☒ Small entity status of this application under 37 C.F.R. §1.9 and §1.27 has been established by a verified statement previously submitted.

☐ A verified statement to establish small entity status under 37 C.F.R. §1.9 and §1.27 is enclosed.

☒ No additional fee is required.

The filing fee is calculated as follows:

| | NUMBER AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | | NUMBER OF EXTRA CLAIMS PRESENTED | | RATE | | | FEE | |
|--|------------------------|---|------------------------------------|---|----------------------------------|---|----------------------|--------------|---|--------------|--------------|
| | | | | | | | SMALL ENTITY | OTHER ENTITY | | SMALL ENTITY | OTHER ENTITY |
| Total Claims | 20 | - | 28 | = | 0 | X | \$9 | \$18 | = | \$0 | \$0 |
| Independent Claims | 3 | - | 5 | = | 0 | X | \$44 | \$88 | = | \$0 | \$0 |
| Multiple Dependent Claim(s) Presented <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No For First Time | | | | | | | \$150 | \$300 | = | \$0 | \$0 |
| | | | | | | | TOTAL ADDITIONAL FEE | | | \$0.00 | |

*If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 20, write "20" in this space.

**If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 3, write "3" in this space.

***If the difference between the "NUMBER AFTER AMENDMENT" and the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than "0", write "0" in the space.

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Amendment Transmittal Letter
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The "HIGHEST NUMBER PREVIOUSLY PAID FOR" (Total or Independent) is the highest of the "NUMBER AFTER AMENDMENT" in any prior amendment of the number of claims as originally filed

____ Please charge Deposit Account No. 03-3125 in the amount of \$ _____. Three copies of this sheet is enclosed.

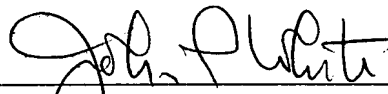
X A check in the amount of \$ 490.00 is enclosed, for a three-month extension of time.

X The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposition Account No. 03-3125. Three copies of this sheet are enclosed.

X Any filing fees under 37 C.F.R. §1.16 for the presentation of extra claims.

X Any patent application processing fees under 37 C.F.R. §1.17.


Respectfully submitted,



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I hereby certify that this correspondence is being deposited this date with the U.S. Postal Service with sufficient postage as first class mail in an envelope addressed to:

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